

# State of New Hampshire

## 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/21/2014

Business ID: 225143

William M. Gardner

Secretary of State

TRI-STATE SPRINKLER CORP.

PO BOX 968  
DERRY, NH 03038

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 968  
DERRY, NH 03038

REGISTERED AGENT AND OFFICE:

SAMUELS, RICHARD A, ESQ  
MCLANE GRAF RAULERSON ETAL, 900 ELM STREE  
MANCHESTER, NH 03101

ENTITY TYPE: CORPORATION

BUSINESS ID: 225143

STATE OF DOMICILE: NEW HAMPSHIRE

INSTALLATION OF FIRE ALARM SPRINKLER SYSTEMS; ETC.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Christopher G. Hadik

STREET PO Box 968

CITY/STATE/ZIP Derry Nh 03038

V-PRES. David R. Nintean

STREET PO Box 968

CITY/STATE/ZIP Derry Nh 03038

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Christopher G. Hadik

STREET PO Box 968

CITY/STATE/ZIP Derry Nh 03038

DIR. David R. Nintean

STREET PO Box 968

CITY/STATE/ZIP Derry Nh 03038

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Christopher G. Hadik

Please print name and title of signer:

Christopher G. Hadik

/

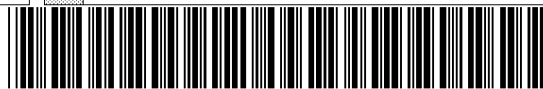
PRESIDENT

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



022514320141500

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301